

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	<i>AK</i>	<i>1292</i>	<i>6/24/03</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>NC</i>	<i>515</i>	<i>6/24/03</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>ND</i>	<i>66080</i>	<i>6/24/03</i>

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 + ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	9-01
2	10-01
3	3/03
4	7/02
5	6/03
6	10-01
7	✓ ✓ ✓
8	✓ ✓ ✓
9	✓ ✓ ✓
10	✓ ✓ ✓
11	✓ ✓ ✓
12	✓ ✓ ✓
13	✓ ✓ ✓
14	✓ ✓ ✓
15	✓ 00 0
16	✓ ✓ x
17	✓ ✓ ✓
18	✓ ✓ ✓
19	✓ ✓ ✓
20	✓ ✓ ✓
21	✓ ✓ ✓
22	✓ 00 0
23	✓ ✓ ✓
24	✓ = =
25	✓ ✓
26	✓ 0 0 0
27	✓ 0 0 0
28	✓ ✓ ✓
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33	✓ 0 0
34	✓ 0 0 0
35	0 0 0
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Claim	Date
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Claim	Date
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